

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Physician Services Inc PAC; aka ACP Services PAC

ADDRESS (number and street) ▼

25 Massachusetts Ave

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20001-7401

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00403881

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2012

through

M M M / D D D / Y Y Y Y Y Y
07 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr Richard L Trachtman Esq

Signature of Treasurer

Mr Richard L Trachtman Esq

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 17 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Physician Services Inc PAC; aka ACP Services PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		53937.27
(b) Cash on Hand at Beginning of Reporting Period.....	85750.57	
(c) Total Receipts (from Line 19)	8100.00	136053.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	93850.57	189990.77
7. Total Disbursements (from Line 31)	9445.80	105586.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	84404.77	84404.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Physician Services Inc PAC; aka ACP Services PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
07 01 2012

To:

M M / D D / Y Y Y Y Y Y
07 31 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5600.00

94941.00

(ii) Unitemized

2500.00

39912.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

8100.00

134853.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

8100.00

134853.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.50

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

1200.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

8100.00

136053.50

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

8100.00

136053.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	195.80	3686.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	195.80	3686.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9250.00	101900.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9445.80	105586.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9445.80	105586.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8100.00	134853.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8100.00	134853.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	195.80	3686.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	195.80	3685.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Adour Richard Adrouny MD FACP

Mailing Address 17364 Grosvenor Ct

City State Zip Code
Monte Sereno CA 95030-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2012

Transaction ID : C1797646

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard J Baron MD FACP

Mailing Address 7425 Ardleigh St

City State Zip Code
Philadelphia PA 19119-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Federal Government, HHS

Occupation

Physician Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2012

Transaction ID : C1796341

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bruce E Carlton MD

Mailing Address 1678 NE Jacobson Rd

City State Zip Code
Poulsbo WA 98370-8726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harrison HealthPartners

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : C1796333

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Bruno S Fang MD

Mailing Address 120 Clive St

City
Edison

State
NJ

Zip Code
08820-3669

FEC ID number of contributing
federal political committee.

C

Name of Employer

CJOC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2012

Transaction ID : C1790596

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sarah C Heiner MD

Mailing Address 70 E Horizon Ridge Pkwy
Ste 100

City

Henderson

State

NV

Zip Code

89002-7936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sarah Heiner MD PC

Occupation

General Internist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : C1797519

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Sue Beth Hudson MD FACP

Mailing Address 802 Newtown Rd

City

Virginia Bch

State

VA

Zip Code

23462-1116

FEC ID number of contributing
federal political committee.

C

Name of Employer

S B Hudson MD PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2012

Transaction ID : C1790566

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Douglas G Kelling Jr, MD FAC

Mailing Address 512 Winfield Blvd SE

City

Concord

State

NC

Zip Code

28025-3710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Concord Internal Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 03 / 2012

Transaction ID : C1775423

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ralph E Koldinger MD

Mailing Address 1339 44th St

City

Sacramento

State

CA

Zip Code

95819-4146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sutter Independent Physicians

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 18 / 2012

Transaction ID : C1790599

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Angeline A Lazarus MD MACP

Mailing Address 13207 Valley Dr

City

Rockville

State

MD

Zip Code

20850-3626

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Naval Medical center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 10 / 2012

Transaction ID : C1787035

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. G Duncan McCarroll MD

Mailing Address 5430 Fredericksburg Rd
Ste 400

City State Zip Code
San Antonio TX 78229-3539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bexar Diagnostic Medicine Associates

Occupation

Internist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 23 / 2012

Transaction ID : C1794105

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Elvira Pasmanik MD

Mailing Address 12625 Waterspout Ct

City State Zip Code
Owings Mills MD 21117-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer

E Pasmanik, MD, LLC

Occupation

Internist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 06 / 2012

Transaction ID : C1782790

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alexander D Schafir MD FACP

Mailing Address 2824 NE 25th Ave

City State Zip Code
Portland OR 97212-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Health and Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 25 / 2012

Transaction ID : C1796326

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 14
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Banu E Symington MD FACP

Mailing Address 2497 Pole Line Rd E

City

Twin Falls

State

ID

Zip Code

83301-8166

FEC ID number of contributing
federal political committee.

C

Name of Employer

SLHS

Occupation

Medical Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2012

Transaction ID : C1793798

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Andrew Zimmer MD FACP

Mailing Address 509 Jackson St N

City

Saint Petersburg

State

FL

Zip Code

33705-1477

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michael A Zimmer MD PLC

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2012

Transaction ID : C1782781

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

5600.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Physician Services Inc PAC; aka ACP Services PAC

1000.00

MM / DD / YYYY

2000.00

250.00

3250.00

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American College of Physician Services Inc PAC; aka ACP Services PAC

1000.00

State: NJ District: 07

Category/
Type

State: KS District: 02

Category/
Type

State: WI District: 04

3000.00

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has 10 vertical supports. The bottom beam has 10 vertical supports, with the first three supports being thicker than the others.

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Paulsen for Congress

Mailing Address PO Box 44369

City	State	Zip Code
Eden Prairie	MN	55344-1369

Purpose of Disbursement
Contribution to federal candidate

Candidate Name

Rep. Erik Paulsen

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

Transaction ID : D135086

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tammy Baldwin for Senate

Mailing Address PO Box 510622

City	State	Zip Code
Milwaukee	WI	53203-0111

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Tammy Baldwin

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2012

Transaction ID : D134738

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Van Hollen for CongressMailing Address 10605 Concord St
Ste 202

City	State	Zip Code
Kensington	MD	20895-2526

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Chris Van Hollen

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2012

Transaction ID : D134846

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3000.00

9250.00
